

# Best Practices in Workplace Surveillance

Public Health Breakout Session  
Report Back

- All of us working to improve worker health and safety are part of the greater “public health system”
- Breakout session focused on role of traditional public health infrastructure: federal, state and local government agencies
- In particular, on how public health agencies can promote surveillance in workplaces and fill gaps not met by worksite surveillance

# Overview of presentations and key lessons learned

*California project to provide clinical services, surveillance and intervention to address MSDs among garment workers in Oakland*

*Lessons*

- Many populations of workers (special populations/small businesses) not captured in existing surveillance systems
- Must work with local communities to identify and address needs in these groups

# *State funded network of occupational health clinics in New York State provide clinical and prevention services*

## *Lessons*

- Clinics provide unique opportunity for surveillance of diseases, which are not well documented in existing systems
- Surveillance is dependent on occupational health expertise of providers; **continued need to educate health care providers about occupational health**

# *Massachusetts pilot to assess the feasibility a web-based application to collect data on sharps injuries among health care workers in hospitals and other health care facilities*

## *Lessons*

- Surveillance community needs to take advantages of innovative information technologies, already being used by businesses for other purposes
- Web-based applications particularly promising for small businesses
- Public health agencies can play an important role in surveillance in health care sector

# *BLS use of national data to document patterns of fatalities among hispanic workers and non-fatal amputations*

- National data are very useful in documenting discrete topics
- Essential to distinguish among subgroups of workers, e.g. different hispanic populations

## *Study comparing workers' compensation and state BLS Annual Survey data on work-related CTS in Massachusetts*

- State Annual Survey data too sparse to examine specific types of injuries or events; limited use for state targeting (may be different for states that have larger survey samples)
- Public health data sources can be used to elucidate potential biases in existing worksite based surveillance systems



# Some Final Observations and Recommendations

- Collaboration is essential - not only to obtain data but assure that it is used
- Need to expand # states with capacity conduct occupational health surveillance
- Need more surveillance research to understand systematic biases in existing systems and identify new sources of data for special populations

# Some Final Observations and Recommendations

- Conduct follow-backs to the BLS Annual Survey to obtain additional information on targeted topics.
- Increase ongoing collaboration/communication between players represented at this meeting
- Increase collaboration with colleagues from other public health domains not represented at the meeting. **Beware of isolating occupational health.**

# Some Final Observations and Recommendations

- This meeting was an important step forward. Future meetings should be designed to foster more exchange between the stakeholder groups.